

## EMERGENCY DEPARTMENT

Residents spend time in block rotations during each of the three years of residency training in the Emergency Department. The residents work in shifts assigned by the Emergency Department staff.

Residents are expected to report for their assigned shifts on time. Residents are required to present each patient to the attending physician in an organized manner. No patient is to leave the Pediatric Emergency Department without an attending evaluation. Residents must appropriately document every patient encounter.

During the emergency department rotation, it is the residents' responsibility to make certain that their assigned shifts are covered if the shift occurs during their continuity clinic time. This can be done by trading either shifts in the Emergency department or by trading clinics with another resident.

For continuity of patient care, residents are responsible for reviewing the radiology and microbiology logs and communicating positive results to the patient's family. Resident will also be given a personal log to assist in follow up of all patients admitted to hospital or discharged with pending investigations.

Residents are encouraged to participate in the joint Surgery and Pediatric Emergency Medicine Conference, the weekly University of Chicago Emergency Medicine Conference, the Pediatric Trauma Conference, and the Pediatric Emergency Medicine Journal Club.

**Senior residents** (PL2's and 3's) are expected to meet all of the G and O's listed below AND provide collaboration and supervision/assistance to junior level housestaff and residents from emergency medicine programs participating in the care of patients in the pediatric emergency room. This is particularly necessary when junior housestaff assume primary responsibility for children who present with an acute illness or injury superimposed on a complex medical history or for children who present with severe medical or surgical illness.

### Goals, Objectives and Resident Responsibilities of the Emergency Department Rotation:

**Patient Care:** Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life. To that end, the resident will

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care
- Discuss all evaluations and plans with the ED attending prior to the patient's discharge

**Medical Knowledge:** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others, and apply an open-minded, analytical approach to acquiring new knowledge. The

resident will access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. The resident will

- Develop competence at assessing patients rapidly in an emergency room setting
- Learn to evaluate patients who present with wide range of acute illnesses and accidents in a setting in which the residents assume progressive responsibility for the patients in a supervised setting
- Develop the skills required to recognize patients requiring immediate intervention
- Learn the skills necessary for resuscitation, stabilization and triage of patients
- Learn to recognize patients who have been victims of violence including domestic violence, child abuse and rape, and learn an approach to the management of these patients
- Be familiar with the evaluation of the following:
  - Burns
  - Common Infections
  - Common Ingestions
  - Dehydration
  - Diabetic Ketoacidosis
  - Head Trauma
  - Lacerations
  - Major Trauma
  - Meningitis
  - Physical and Sexual Abuse
  - Respiratory Failure
  - Shock
  - Seizures
  - Sepsis
  - Fractures and Dislocations
- Procedures to be reviewed and learned:
  - Suture laceration
  - Bladder catheterization
  - Suprapubic tao
  - Splinting of fracture/dislocation
  - Basic life support
  - Emergency vascular access (intraosseous line)
  - Lumbar puncture
  - Venipuncture
  - Peripheral venous line
  - Removal of a foreign body (ear, nose, eye)
  - Arterial puncture

**Practice-Based Learning and Improvement:** Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices, and

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care

- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

**Interpersonal and Communication Skills:** Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and

- Learn to provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants and referring physicians in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give appropriate discharge and follow up instructions to families of discharged patients

**Professionalism:** Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
- Recognize and identify deficiencies in peer performance and give constructive feedback

**Systems-Based Practice:** Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care. The resident should

- Understand, access and utilize the resources, providers and systems necessary to provide optimal care
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- Be familiar with the necessary components of a comprehensive pediatric emergency room

- Learn the appropriate use of a comprehensive pediatric emergency room including referral recommendations